

## EMISSIONS ACTIVITY CATEGORY FORM FUEL BURNING OPERATION

*This form is to be completed for each fuel burning operation. State/Federal regulations which may apply to fuel burning operations are listed in the instructions. Note that there may be other regulations which apply to this emissions unit which are not included in this list*

1. Reason this form is being submitted (check one)

☐ New Permit      ☒ Renewal or Modification of Air Permit Number(s) (e.g. B001) P103

2. Maximum Operating Schedule: 24 hours per day; 365 days per year

If the schedule is less than 24 hours/day or 365 days/year, what limits the schedule to less than maximum? See instructions for examples. \_\_\_\_\_

3. Input Capacity (million Btu/hr):

Rated (Indicate units if other than mmBtu/hr)	Maximum (Indicate units if other than mmBtu/hr)	Normal (Indicate units if other than mmBtu/hr)
3.55	3.55	3.55

4. Output Capacity:

Rated (lb steam/hr)	Maximum (lb steam/hr)	Normal (lb steam/hr)

☒ Not applicable - operation does not produce steam.

5. Percent of Operating Time Used for:

Process: 100%  
Space Heat: \_\_\_\_\_%

6. Type of Draft (check one):

☒ Natural    ☐ Induced    ☐ Forced

7. Type of combustion monitoring (check one):

☐ Fuel/Air Ratio    ☐ Oxygen    ☒ None  
☐ Other (describe) \_\_\_\_\_

8. Type of Fuel Fired (complete all that apply):

Fuel*	Fired as...	Min. Heat Content (Btu/unit)	Max. % Ash	Max. % Sulfur	Max. Annual Fuel Use	Average Hourly Fuel Use	Maximum Hourly Fuel Use
Coal	<input type="checkbox"/> Primary <input type="checkbox"/> Backup				tons	lbs	lbs
No. 2 Fuel Oil	<input type="checkbox"/> Primary <input type="checkbox"/> Backup				gal	gal	gal
No. 6 Fuel Oil	<input type="checkbox"/> Primary <input type="checkbox"/> Backup				gal	gal	gal
Other** Oil	<input type="checkbox"/> Primary <input type="checkbox"/> Backup				gal	gal	gal
Natural Gas	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Backup	1020 Btu/scf			30.5 million ft <sup>3</sup>	3,480 ft <sup>3</sup>	3,480 ft <sup>3</sup>
Wood	<input type="checkbox"/> Primary <input type="checkbox"/> Backup				tons	lbs	lbs
LPG	<input type="checkbox"/> Primary <input type="checkbox"/> Backup				gal	gal	gal
Other**	<input type="checkbox"/> Primary <input type="checkbox"/> Backup						
Other**	<input type="checkbox"/> Primary <input type="checkbox"/> Backup						

\* Please identify all combinations of fuels that are co-fired: \_\_\_\_\_

\*\* Identify other fuel(s): \_\_\_\_\_

**Coal-Fired Units**

9. Type of Coal Firing (check one):

- ☐ Pulverized-Wet Bottom
 ☐ Hand-Fired
 ☐ Chain Grate
 ☐ Traveling Grate  
☐ Pulverized-Dry Bottom
 ☐ Cyclones
 ☐ Spreader Stoker
 ☐ Fluidized Bed  
☐ Underfeed Stoker
 ☐ Other (describe) \_\_\_\_\_

10. Flyash Reinjection:

- ☐ Yes ☐ No

11. Overfire Air:

- ☐ Yes ☐ No

**Oil-Fired Units**

12. Oil Preheater:

- ☐ Yes - Indicate Temperature \_\_\_\_\_ deg. F
- ☐ No